



PTO/SB/01 (03-01)

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**DECLARATION FOR UTILITY OR
 DESIGN
 PATENT APPLICATION
 (37 CFR 1.63)**



Declaration
 Submitted
 with Initial
 Filing

OR



Declaration
 Submitted after Initial
 Filing (surcharge
 (37 CFR 1.16 (e))
 required)

Attorney Docket Number 121873.00002US3

First Named Inventor Frank I. Marcus et al.

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Optimization Method for Cardiac Resynchronization Therapy

(Title of the invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 385(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Doc. No.

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PTO/SB/01 (10-00)

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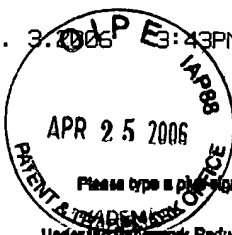
DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		34282		OR <input type="checkbox"/> Correspondence address below	
Name Quarles & Brady Stretch Lang, LLP					
Address One South Church Avenue, Suite 1700					
Address					
City Tucson		State AZ		ZIP 85701	
Country US		Telephone 520-770-8700		Fax 520-770-2235	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Frank I. (first and middle, if any)			Family Name Marcus or Surname		
Inventor's Signature <i>Paul I. Marcus</i>			Date 1/30/06		
Residence: City Tucson		State AZ		Country US	
Mailing Address: 4949 E. Glenn		Citizenship US			
Mailing Address:					
City Tucson		State AZ		ZIP 85712	
Country US		Citizenship US			
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Ding Sheng (first and middle, if any)			Family Name He or Surname		
Inventor's Signature			Date		
Residence: City Tyngsboro		State MA		Country US	
Mailing Address: 377 Westford Road		Citizenship US			
Mailing Address:					
City Tyngsboro		State MA		ZIP 01879	
Country US		Citizenship US			
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

[Page 2 of 2]

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PTO/SB/01 (10-00)
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Address One South Church Avenue, Suite 1700					
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City Tucson		State AZ		ZIP 85701	
Country US		Telephone 520-770-8700		Fax 520-770-2235	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) Frank I.		Family Name (last name) Marcus			
Inventor's Signature		Date			
Residence: City Tucson		State AZ		Country US	
Mailing Address 4949 E. Glenn		Citizenship US			
Mailing Address					
City Tucson		State AZ		ZIP 85712	
Country US					
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) Ding Sheng		Family Name (last name) He			
Inventor's Signature <i>[Signature]</i>		Date 1/31/06			
Residence: City Tyngsboro		State MA		Country US	
Mailing Address 377 Westford Road		Citizenship US			
Mailing Address					
City Tyngsboro		State MA		ZIP 01879	
Country US					
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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PTO/SB/81 (01-08)

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Application Number	
Filing Date	
First Named Inventor	Frank I. Marcus et al.
Title	Optimization Method for Cardio...
Art Unit	
Examiner Name	
Attorney Docket Number	121873.00002US3

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

34282

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	Quarles & Brady Stretch Lang, LLP		
Address	One South Church Avenue, Suite 1700		
City	Tucson	State	AZ Zip 85701
Country	US		
Telephone	520-770-8700	Email	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Frank I. Marcus</i>	Date	1/30/06
Name	Frank I. Marcus	Telephone	
Title and Company			

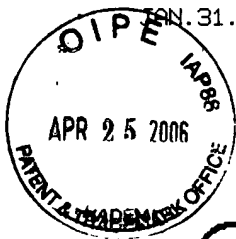
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (01-06)

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INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Frank J. Marcus et al.
Title	Optimization Method for Cardiac...
Art Unit	
Examiner Name	
Attorney Docket Number	121873.00002US8

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

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☐ The address associated with Customer Number:

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<input type="checkbox"/> Firm or Individual Name	Quarles & Brady Stretch Lang, LLP				
Address	One South Church Avenue, Suite 1700				
City	Tucson	State	AZ	Zip	85701
Country	US				
Telephone	520-770-8700	Email			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	11/31/06
Name	Ding Sheng He	Telephone	978/323 2248
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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